VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

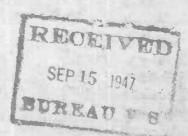
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06981

Reg. Diat. No. 606

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County City or town (If outside city or town limits, write RUEAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED. (For newborn infants give residence of mother) State County City or town (if outside city or town limits write RURAL and give nearest town) Sireet No. (If rerai, give LOCATION) 2.(a) If veleran, name war.
Mary armstrong	3. (b) Social Security Number
4. Sox 5. Color or raco / 6.(a) Single, married, widowed, or divorced / Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. 8-23 19.47 at 4.4
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from 19. 4 4 10 11 12 12 12 12 12 12 12 12 12 12 12 12
8. AGE: Years Months Days If less than ooo day	Immediate cause of death Columbia (2-23-4)
9. Birthplace	Due to.
12. Name. Laliers de la	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name. 57 may by Williams 15. Birthplace	Major findings of operations
Address Cloursusky / 1011	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Cemetery or crematory. Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Location Conguet my	tnjured at home, farm, industry, public place (where?) Means of Injury Injured at work?
18. Funeral diffector and Address Worldorf Man	23. SIGNATURE SCALED (9-3)
18. (Dato-ec'd by registrar) 1847 Odly Registrar	Address Date signed 2-13.4



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

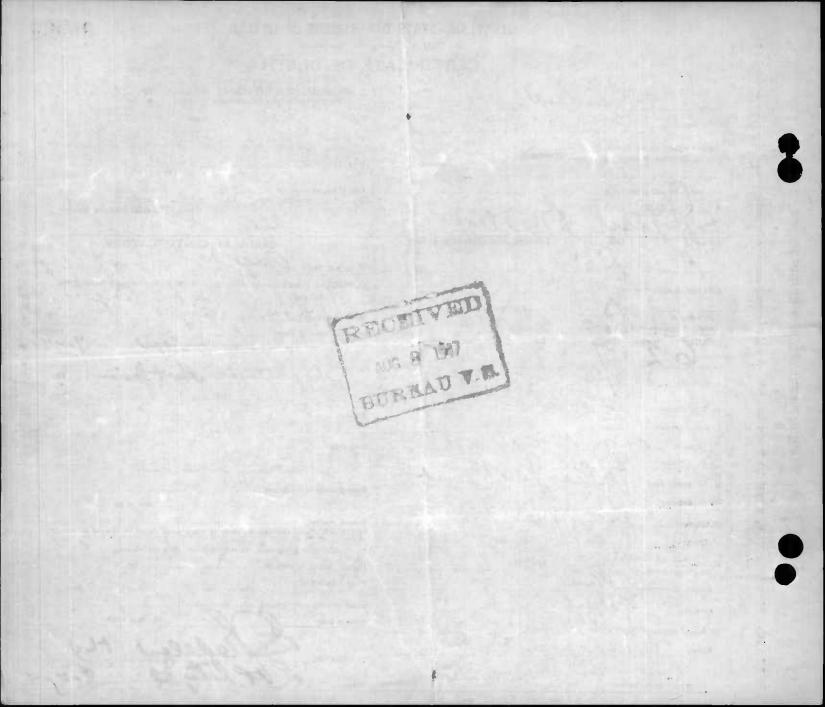
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06982

CERTIFICATE OF DEATH

Reg. Dist. No. 104

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	State MA County Char
City or town (If outside city or town limits, write RURAL and give nearest town)	D. P. A. MM
How tong in above place of death?	(If outside city or town limits, write RUITAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Duiller	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION 20
	20. DATE OF DEATH aug V 1947 at A
8.(b) Name of husband or wifo	21. I CERTIEX that does no occurred on the date above stated; that I strenged deceased from
7. Birth date of	
deceased (mo., day, yr.) Alec 16 1884	
8. AGE Yours Months Days It less than one day	Immodiate cause of death Cerebral Remorkage 7-24-4
6 2 / 7nin.	
Cidle Pines	Hypellevens but have ?
9. Sirthplace (Yown, county, and state)	Due to
10. Usual occupation Jahrer	
	Due to
11. todustry or businoss	
	Diher conditions
	(Include pregnancy within 3 months of death)
E 14. Malden name. Lucu full for	Major findings of operations.
14. Malden name. Islaa Jack son 15. Birthplace	Date of op.
Vantham Bertles	Autopay results.
18. Informant Roses Point nich	PHYSICIAN: Please underline the cause to which death should be charged atatistically.
Audites A	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which) Date thereof (month) (day) (year)	Accident, suicido, or homicide
Flasen.	Where did injury occur?
Cemetery or crematory	
Location	Injured at home, farm, Industry, public placo (where?)
18. Funeral director of what of Kyrth	Moans of Injury Injured at work?
111-11011 201	Palan I H
Address Walaby 1	23. SIGNATURE
19. 8-6 1947 Wm. V & rare	Larley 1.0 0. Val
(Date rec'd by registrar) Registrar	Address Dato signod Dato



2411 N. Charles St., Baltimore

93d

P6983

CERTIFICATE OF DEATH

Reg. Dist. No. ...

CERTIFICA	Reg, Diat, No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale
How long In hospital or Institution?	2.(a) ti veleran, name war.
3. (FULL NAME Lovelies &	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION ES 20. DATE OF DEATH 22 QUISUS + 19 47, 21 1:07
8. AGE: Years Months Days If less than one day 9. Birthplace	Immediate cause of death Advance James 3
Address 3 3 3 3 5 Leflusson Plous 17. (Burial, cremation, or removal. Which?) Cemetery or crematory. Shills 18. Informant. 19. (Burial, cremation, or removal. Which?) Cemetery or crematory. Shills 19. (month) (day) (year)	Autopay results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State)
Location Murchery zero 18. Funeral director twith & V Gyory Address Walday mid	Injured at home, farm, Industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE
(Date yee'd by registrer) 18 M L MeSters Registrer	Address Date signed 2011.

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SEP 4 1947

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2411 N. Chartes St., Battimore

06984

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Classes	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town	City or town (If outside city of town limits, write RURAL and give nearest town			
How long in above place of death? Hospital institution, or street address where death occurred: Hospital Adaptital	Street No			
How long in hospital or institution?	2.(a) tf veleran, name war.			
3. (a) FULL NAME John Wilhert Com	Le	3. (b) Social Security N	umber	
4. Sex 5. Color of race 6.(a) Single, married, wildowed, or divorced		L CERTIFICATION	ES	
8000 C	2D. DATE OF DEATH			
6.(b) Name of hyebend or wife. 6.(c) If alive, give age 6.3 yea	20 diguit	- 19 47 10 20 au	1 500 19.	
7. Birth date of deceased (mo., day, yr.) April 10 1890	and that t last saw halive on			
8. AGE: Years Mooths Days Tiless than one day	Immediate cause of deathCenter		12 hu	
9. Birippiace Many land	Due to		*************	
10. Usual occupations retired farmer	Due to		***************************************	
11. Industry or business less and s	Other conditions			
13. Birthplace Mary land		thin 3 months of death)		
# 14. Maiden name Closa Ly Cambo	(Include pregnancy wi			
15. Birthplaces Maryland	Major hadings of operations.			
16. Informant less of James				
Addres Hugheaulle 119.	22. VIOLENCE: If death was due to exte	rnal causes, fill in the following:		
Date thereof 1 / 2014	Accident, sulcide, or homicide			
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)				
(Burial, cremation, or removal, Which) (month) (day) (year) Cemelery or crematory (month)	Where did injury occur?(City or			
Comelery or cromatory Joly Jacob Location Jacob Phills	Injured at home, farm, industry, public p			
Cemelery or cromatory	Injured at home, farm, industry, public p	ace (where?)		

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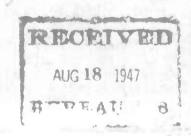
BUREAUVE

2411 N. Charles St., Baltimore

CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war
4. Ses 5. Color or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION EST 20. DATE OF DEATH 12 Queent 19.47 at 4:00 P. N
6.(6) Name of husband or wife Mary Bournan Sept 19, 1872 18.7. 6.(c) If alive, give age 7.5 year 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 7.5 // 8.5 hrs. min 9. Birthplace Prantown J Chan, Mol- (Town, county, and state)	Immediate cause of death R. A. A. A. C. C. C. DURATION
10. Usual occupation. Turnell 11. Industry or business 11. Name Banganian M. Edelen 13. Birthplace Ryantown. Ud.	Due to Cancer of the parted surfu 19 mo. Other conditions generally 1 there out by (Include pregnancy within 8 months of death)
14. Maiden name	Major findings of operations. Date of on Carcinom Autopsy results
18. Funeral director Hunty Registral 18. Gueral director Hunty Registral 19. (Date registral) 19. (Date registral) 19. (Date registral)	Injured at home, farm, industry, public place (where?) Misans of injury 23. SIGNATURE. Address & 214 hallata. Ud. Date signed. 120mg 47.

information carefully. The correct of death clearly and legibly. MARGIN RESERVED FOR BINDING

(Date rec'd by registrar)



MARGIN RESERVED FOR BINDING

VS A15

(Date rec'd by registrar)

1. PLACE OF -DEATH CHARLES A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

411	N.	Charles	St.,	Baltimore	0

2. USUAL RESIDENCE (HOME) OF DECEASED:

06986

Reg. Diat. No.

County Intrace SEA AGO Oreally Ma.	(For newborn intants give residence of mother)	
City or town	State County)
(If outside city or town limits, write RURAL and give vearest town)	City or town Washington W.	1.
How long in above place of death?	er outside city or wn limits, write LURAL And give nearest to	wn)
Hospital, Institution, or street address where death occurred:	Street No. On District Street No.	
flactor flaguare	(If rural, give LOCATION)	
How long_In hospital or Institution?	2.(a) If yeteran, nams wer	
3. (a) FULL NAME	3. (b) Social Security Numb	er
MARY HAWKI	NS -	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
F Bu Colores Victoria	2D. DATE DF DEATH	9:308.
12 Mark Sawkin	21. I CERTIFY that death occurred on the date above stated; that I attended deceased fro	om
6,(b) Name of husband or wife.	AUG / 1847 10	19
7. Birth date of	and that I last eem h et elive co AUG 1	19
deceased (mo., dey, yr.)	Immediair cause of dosth CIRCULATORY	DURATION
8. AGE: Years Months Days If less than one day	COLLAPSE	
86 Ahrsmin.		
9. Sirthplace	Due to CORONARY THROMBOSIS	
	Doce of O Sou Good S	
1D. Usual occupation	Due to ARTERTOSCIEDRIS,	
11. Industry or business	DIFFUSE	
12. Name Annes Shomas	Diher conditions	
13. Birthplace Chan. Co. M.		
# HI	(Include pregnancy within 3 months of death)	
主 14. Maiden name	Major findings of operations	*******
15. Birthplace Chao, Co. Tha.	Date of op	
16. Informant	Antopsy results	ically.
Address Malcolm Maryland		
17 18 1 1 1 Date thereof Class 9 16 19 (1)	22. VIOLENCE: If death was due to external causes? fill in the following:	
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	
Cemetery or crematory Sin Colles Men	Where did injury occur? (County) (County) (Sta	te)
Location Washington	Injured at home, farm, Industry, public place (where?)	***************************************
Niege Hed.	Means of Injury Injured at work?	
18. Funeral director	an an	
Address / 2 / 3 / 5 - 0 - 0	23 SIGNATURE Officed to Lapeny M.	W.

Registrar Address.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

170C

	Reg. Dist. No.
1. PLACE OF DEATH: County City or town (It outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, without, or divorced Married	MEDICAL CERTIFICATION (a) LABOR MEDICAL CERTIFICATION (a) LABO
6.(b) Name of husband or wife Rackel Elizabeth Schwarz. S. (c) If alive, give age 4 years 1. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days if less than one day hrs min. 9. Birthplace White Planns MA (Town, coooty, and state)	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
10. Usual occupation. Schaupper 11. Industry or business 12. Name celians Ignation miles 13. Birthplace It hite Plans my	Due to
14. Maiden name Evangeline Lu 15. Birthpiace La Clate M 16. Informant La Vesere Mostern	(Include pregnancy within 3 months of death) Major findings of operations
Address Fourtheevill 17. Bound Premoval. Which?) Cemetery or crematory. St. Joseph Market (mooth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Second
tocation tourself miles to. Funeral director. Address. W. al. Al. Society Address. W. al. Al. Society Address. Al. Al. Society Address. Al. Al. Al. Al. Al. Al. Al. Al. Al. Al	Injured at home, farm, industry, public place (where?). Means of injury injured at work? 23. SIGNATURE
19. (Date rec'd by registrar) Registrar	Address Date signed BOK

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consequence is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct socihly.

VS A15



2411 N. Charles St., Baltimore

06988

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Charles	State Maryland county Charles.			
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town Rural . Welcome.			
Hoppital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)			
	(If rural, give LOCATION)			
How long in hospital or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME Joseph Thomas Heal, j	3. (b) Social Security Number			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION (5)			
M Negro. Single.	20. DATE OF DEATH 17 Quegust 19. 47 21 9:30A			
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
1 - 1 - 1 - 1 - 1 - 1	17 augint 19 47 10 17 august 19 47			
7. Birth date of	and that I last saw haimalive on			
deceased (mo., day, yr.) 8. AGE: Years Months Days Alf less than one day	Immediate cause of death Consistent DURATION			
8. AGE: Years Months Days (If less than one day	failers:			
	3. 1:0			
9. Birthplace Indian Town Farm	Due 10 1 (9/24/47)			
10. Usual occupation.	05.5			
11. Industry or business	Que 10			
= 12 Name Joseph Thomas Neal	Other conditions			
13. Birthplace Sh. Mars Co. Med.				
	(Include pregnancy within 3 months of death)			
HE 14. Maiden name Mary Blanche Ley. 15. Birtholace Me Chaning relle, Claryland	Major findings of operations.			
	Aotopsy results. Tome .			
16. informant Mother , Mary Blanch	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Address Indian Town tarm	22. VIOLENCE: If death was due to external causes, fill in the following;			
(Burial, cremation, or removal, Which?) Date thereot (morth) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory	Where did Injury occur?			
Location Me Candie Ind-	Injured at home, farm, Industry, public place (where?)			
Outly for many	Msans of Injury Injured at work?			
18. Funeral director	AMIL and I IA			
Address Valeleane, Ma	23. SIGNATUR M. D. or other			
19. 8-17 19 th Julia H. Pacinton	Jadan La Plata, Md. Date stoned 17 Rue 4			
(Date rec d by registrar)	Addition of the state of the st			

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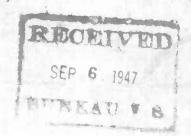
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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

116989

CERTIFICATE OF DEATH

CERTITICAT	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war County Count
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
n w named	20. DATE OF DEATH 30 Quy sust 19 47 21 3:18 PM
6.(b) Name of husband or wife Ruth Wreenn TEED 7. Birth date of deceased (no., day, yr.) May 26 1894	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2. S
8. AGE: Years Months Days It less than one day	Immediate cause of death Constant accident DURATION 3 days:
9. Birthplace. (Town, county, and atate) 10. Usual occupation. To tacket	Due to Fall Jacon parch (18 ft) 3 days.
	Due to
11. Industry or business 12. Name	Other conditions Delease Toning & day
14. Maiden name ELLa FULLER 15. Birthplace Grandville Co. N.C.	(Include pregnancy within 3 months of death) Major findings of operations
Address Ox bad, N.C.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?) Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, Itil in the following: Accident, suicide, or homicide
Location Q Hunb 160	Injured at home, farm, industry, public place (where?) Dozulanga Hot II.
18. Funeral director Address (1) orders with	Means of injury fell fram Prache 15/Alnjured at work? No.
19. (Date rec'd by registrar) 19. (Date rec'd by registrar) Registrar	23. SIGNATURE M.D. or other M.D. or other Address Bos 214 La Plata M.Date signed 3. Olus 4.7



correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

CERTIFICAL	E OF DEATH Reg. Dist. No//	~0
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County	rest town)
SUSIE Anna Queen		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married.	MEDICAL CERTIFICATION 20. DATE OF DEATH 21 Quyet 19.47	€37.
6.(b) Name of husband or wife William Queen 16 Qus ust 1905 6.(c) If alive, give age 77 years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended decea 20. August 19. 4.7, to 21. Queg and that I last saw here alive on 20. Queget	19. 47
8. AGE: Years Months Days If less than one day 38 // Thrsmin.	Immediate cause of death.	OURATION
9. Birthplace Oaklee File Welesse III. 10. Usual occupation House Wife.	Oue to Presnancy & Mentin	
11. Industry or business 12. Name Becannel Savey	Other conditions	
13. 8irthplace Contame. 14. Maiden name. Dy S. i.e. Proctor 15. 8irthplace Contame.	(Include pregnancy within 3 months of death) Majur fiadings of operations	
16. Informant Headens! Address Welens. Mu.	Autopsy results	
17. Burial Oate thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cometery or crematory Mr. Chriscia 2016	Where did Injury occur? (City or town) (County) Injured at home, farm, Industry, public place (where?)	(State)
18. Funeral director Walday First	Msens of Injury Injured at work? 23. SIGNATURE	D.
19. (Date fee'd by registrar) (Date fee'd by registrar)	Address ha Plata, Ma. Date signed.	2 Klig 47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

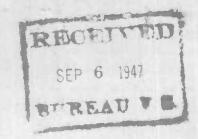
Reg. Diat. No. / 0/

1. PLACE OF DEATH: County City or town (If outside elty or town limits, write RURAIS and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County			
3. (a) FULL NAME	01	0				3. (b) Social Security I	Vumber
	10h	arles	. Mass			or (o) becauty i	
4. Sei 5	. Color or race	8.(a)Single	, married, widowed, or divorce	ed	MEDICAL CE	RTIFICATION	
The	0	W.	idowed	/	20. DATE OF DEATH. Qued	31 1947	aha.
6.(b) Name of husband er	ula ta	uié.	Pass	6	21. I CERTIFY that death occurred on the date abov	e stated; that I attended decea	sed from
	1/	,			fully 13	47. 10 Cond	19.4
7. Birth date of	90	1 . ~) If alive, give age	years	and that I fast sew had allive on	eng by	19.47
deceased (mo., day, w.) 8. AGE: Yeara	YWC Manths	U 8	If less than one day		Immediate cause of doath		DURATION
8. AUL:	6			min.	Cerebral ager	Ruyy	***************************************
	1 . 0	.(0)	- and.			cliripes	**************
9. Birthplace	CCCCC (Town	, county, and a	tate)		Due to		*************************
1D. Usual occupetioa		tarr	ner		Due to		
11. Industry or business		-			Due to		•••••••••••
当 12. Name	lae.	Pos	2 .		Dther conditions		
13. Birthplace	Elias	, Ou.	and.				
H 14. Maiden name	Lade	e alore	in a		(Include pregnancy within 3 m		
	al.	10	- I mid		Major findings of operations.		
W 15. Birthplace	Duran	7				Date of op	
16. Informan1	Julyn	/ / /			Autopsy results	ch death should be charged	tatistically.
Address	Tie	egal	Jud				
11 Buri	al	Date there	of Sep 3/	1947	22. VIOLENCE: If death was due to external caus		
(Burial, cremation, or	removal Which	V. n	of Jest 3 (ground) (day) (s	year)	Accident, suicide, or homicide		
Cemetery or crematory	net	de	you	,	Where did Injury occur?(City or town)	(County)	(State)
Location	The		R. Yud	,	Injured at home, farm, industry, public place (wh	ere?)	
18. Funeral director	Than	lus!	Tunny		Means of injury	tnjured at work?	
Address	Mas	in L	Sning a	nd	P1. 0 "	3: 1.00	and
D +	3 11	7 1	- B	2000	23. SIGNATURE	De Wille	rother)
19. (Date ree'd by regist	rar) 19	' vine	my E	Registrar	Address Markey	And Date signed	423,47

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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 Dist	NI.	10	0

CERTIFICAT	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: Charles County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants gife residence of mother) Slate
How long in hospital or institution?	2.(a) If veleran, name war
3.(a) FULL NAME harles Heury	St Clairs 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed or disposed Windowed	MEDICAL CERTIFICATION 2D. DATE OF DEATH. Que 6 1947 21 3.30 4. A
6.(b) Name of husband or wife	19 4 10 19 4 1
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Wonths Days If less than one day 3. Wantie Co. M. d	and that I last saw h. A. alive on 7-28 19.47. Immediate cause of Path Carelyal Hemorlage 7-26-4 Due to Jan at Scleroin
9. Birthplace	Due to
13. Birthplace St. Mary's Co. Wd. 14. Malden name Sarah Rowe 15. Birthplace St. Mary's co. Md.	(Include pregnancy within 8 months of death) Major findings of operations.
Address 17. (Burial, cremation, or removal) Whyth?) Date thereof. (month) (dey) (year)	Antapay results PHYSICIAN: Please underline the cause ta which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory St. Marys Location Mew Port M.	Where did injury occur?
18. Funeral director French Heyon Address Waldow, Md. 19. 8-8-47 19. Helin K. Parg	Means of Injury Injured at work? 23. SIGNATURE. M. D. Jother
(Date rec'd by registrar) Registrar	Address Date signed 8

PLAINLY, WING UNFADING INK. Supply every item of information carefully. Independent age is especially important. Physicians: please write the causes of death clearly and legible.

WRITE

PLEASE

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MARGIN RESERVED FOR BINDING

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2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex S. offs or race 6.(a) Single, married, wildowed, or divorced Single of husband or wife	20. DATE DF DEATH
7. Sirth date of deceased (mo., day, yr.) 8. AGE: Years Months Days lifless than one day	Immedial sure of death DUBATION 19
9. Birthplace	Due to Chranic Olyaca-difes Due to Chranic O
12. Name	Autopsy results.
Address (12) St. St. WdS4. 0-13-47 17. Burial, cremation, or removal. Which?) Cemetery or crematory (2004) Cemetery or crematory (2004)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location 18. Funeral director, Thunk Lydy Address 19. Quantum 19 47 (Date rec'd, by registrar) Registrar	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consecutive is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE



MARYLAND STATE DEPARTMENT OF HEALTH

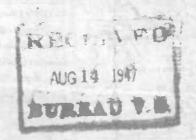
M. D. or other
Date signed

CERTIFICAT	TE OF DEATH Reg. Dist. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in tanks give residence of mother) State
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced married by the second of the seco	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) Les Months Days If less than one day	Immediate cause of death DURATION
9. Birthplace Transfer County, and state	Due to.
10. Usual occupation	Due to
12. Name of the state of the st	Other conditions
15. Birthplace North Land	Major findings of operations. Date of op.
Address Address	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burial, cremation, or removul, Which?) Bate thereof (month) (day) (year)	22. VtOLENCE: If death was due to externat causes, fill in the following; Accident, suicide, or homicide
Location Address Addre	Where did lojury occur?
18. Funcrat director	N - 91 '
Address 19. 2 19 47 Williams Registrar (Date reckl by registrar)	23. SIGNATURE M. D. or other Address W. D. or other Address W. D. or other

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(Date rec'd by registrar)

BELEFO TO STROUTH PRO



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MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF STILLBIRTH

Reg. Dist. No. 106

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1.	PLACE OF BIRTH:	2.	USUAL RESIDENCE OF MOTHER:
	County		State
	City or town Drynas Kont		County Chales
	(If outside of the town limits, write RURAL and give nearest town) Street address, Rospital, or stitution:		City or town (If outside city or town limits, write BORAL and the nearest town)
	biteet address, nospital, of institution		
	Length of mother's stay in County		Street No.
3.	Name of child Birth & Joseph	4.	Date of birth 8/20 1947 Houl 4 M.
5.	Sex 6. Twin or triplet	7.	No. of weeks pregnancy
	OF THER OF CHAP		MOTHED OF CHAD
8.	Full name Tuesdore P. Tumpson	II	Full maiden name
9.	Color		Color 14. Age at time of this birth yrs.
11.	Usual occupation Labore	15.	Usual occupation
16.	Other children born to mother (not including present child)	: (a)	How many children of this mother are now living?
	(b) How many other children were born alive but are now de	ad ?	(c) How many other children were born dead?
17.	Did child die before labor?	21.	Cause of stillbirth. Please be specific. For terms like
18.	Pregnancy, complications of		prematurity, asphyxia, etc., try to add cause thereof. (a) Fetal causes
10	Labor: (a) Complications of		(b) Maternal causes
19.	(b) Induced?		(a) season at the man of the man
20.	(a) Was there an operation for delivery?	22.	I certify to the birth of this child who was born dead*
	(b) State all operations, if any(Yes or No)	1	on the date and hour above stated.
			Signature (Specify if M. D. midwife, or other)
	(c) Did child die before operation?		0.00- 000 11
	During operation?		Address Wolle & Clark
23.	(a) Burish (b) Date thereof 8-20-47 (Burish, clemation or removal) (month) (con) (year)	25.	(a) 8/20/47 (b) Oley Price (Régistrar)
	(c) Cemetery or crematory 11. Cadeles, 679mo	$\overline{26}$.	(To be filled out if no physician was present at delivery.)
24.	(a) Funeral director		The above certificate has been examined by me.
_	(b) Address	11	Health Officer, per
	* See Instruction C on stub.		

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